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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	AT	TORNEY DOCKET NO.	CONFIRMATION NO.	
10/808,187 03/24/2004		Joseph S.M. Peiris		V9661.0078	4585		
FITLE OF INVENTION:	DIAGNOSTIC ASSA	Y FOR THE HUMAN VI	RUS CAUSING SEVERE	ACUTE RESPIRATO	RY SYNDROME (SAF	RS)	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FE	E TOTAL FEE(S) DUI	E DATE DUE	
nonprovisional	YES	\$700	\$300	\$0	\$1000	01/23/2007	
EXAMI	NER	ART UNIT	CLASS-SUBCLASS				
MOSHER	, MARY	1648	435-005000				
I. Change of corresponde CFR 1.363). Change of correspondence of corresponde		n of "Fee Address" (37 inge of Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
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3. ASSIGNEE NAME AN	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or type	pe)		· · · · · · · · · · · · · · · · · · ·	
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(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
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Please check the appropri	ate assignee category or	categories (will not be pr	rinted on the patent):	Individual	ation or other private gr	oup entity Government	
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